

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024219

1. Entity Name
I D SERVER, INC.

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90020 022 ***150.00

Principal Place of Business

Mailing Address

20369 BOCA WEST DRIVE
1104
BOCA RATON FL 33434
US

20369 BOCA WEST DRIVE
1104
BOCA RATON FL 33434
US

2. Principal Place of Business

20001 Boca West drive #3056

3. Mailing Address

20001 Boca West drive

Suite, Apt. #, etc.

3056

Suite, Apt. #, etc.

3056

City & State

Boca Raton

City & State

Boca Raton

Zip

33434

Country

USA

Zip

FL 33434

Country

USA

6. Name and Address of Current Registered Agent

POLACK, MAX

20369 BOCA WEST DRIVE #1104 20001 Boca West drive
BOCA RATON FL 33434 #3056

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **POLACK, MAX**
STREET ADDRESS **20369 BOCA WEST DRIVE #1104**
CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **20001 Boca West drive #3056**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Max Polack

Date

1/14/01

Daytime Phone #

5618830194

CR2E034 (10/00)